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CONFIRMATION NO. 3434

|  |   |   |                        |                                    |
|--|---|---|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/538,520  | FILING OR 371(c)<br>DATE<br>06/10/2005<br>RULE  | CLASS<br>073  | GROUP ART UNIT<br>2856 | ATTORNEY<br>DOCKET NO.<br>05372/LH |
| <b>APPLICANTS</b><br>Ken Mochizuki, Kanagawa, JAPAN;   |   |   |                        |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP04/16136 10/29/2004 <i>m/b</i> |   |   |                        |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-390560 11/20/2003 <i>m/b</i>                      |   |   |                        |                                    |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met  | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Examiner's Signature <i>Mul E. Bole</i> Initials <i>m/b</i> | STATE OR COUNTRY<br>JAPAN   | SHEETS DRAWING<br>7    | TOTAL CLAIMS<br>26                 |
| Verified and Acknowledged  |   | INDEPENDENT CLAIMS<br>2   |                        |                                    |
| <b>ADDRESS</b><br>1933   |   |   |                        |                                    |
| <b>TITLE</b><br>Jitter measurement device and jitter measurement method                              |   |   |                        |                                    |
| FILING FEE RECEIVED<br>1860  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                    |